

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8591

STATE FILE NUMBER

FILED APR 2 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1226

Health, Welfare, Public Service
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Grant-R. C. Holcomb

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Delora Rest Home		Length of stay in 50 yrs	d. STREET ADDRESS 1328 Prospect (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Nina Dora Byler		4. DATE OF DEATH Month Mar. Day 15 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 9 1871
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Booneville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME C.H. Roberts	
14. MOTHER'S MAIDEN NAME unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 0	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Laura Rapp (friend) 1328 Prospect K.C.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. } DUE TO (b) Viremia DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Parkinsonism			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 18 hrs 10 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 9 a. m. Month, Day, Year 3-15-57	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		21. I attended the deceased from 12-22-56 , to 3-14-57 and last saw her alive on 3-15-57 Death occurred at 9 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Grant R. C. Holcomb (Deputy or title)		22b. ADDRESS 2105 Independence Ave.	
22c. DATE SIGNED 3-15-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Mar-18 1957		23c. NAME OF CEMETERY OR CREMATORY Elmwood	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Mrs. C.L. Forster Funeral Home Inc. Kas. City, Mo.		25. DATE RECD. BY LOCAL REG. 3-16-57	
26. REGISTRAR'S SIGNATURE Neve Marshall			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 35

P. O. Address A. C. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above. -